

| JANUARY -DECEMBER 2012 BENEFIT PLAN PREMIUMS FOR FULL-TIME EMPLOYEES | | | | | | |
|---|---|---|--|------------|--|------------|
| PLAN | COVERAGE | EMPLOYEE \$ | | CITY \$ | | TOTAL \$ |
| United HealthCare (UHC): Choice Plus Medical (If you are eligible for the Wellness Incentive, subtract \$20 from the Monthly and \$10 from the Per Pay Period premiums below to determine your discounted medical premium.) | | | | | | |
| | | Monthly | Per Pay Period. | Monthly | Per Pay Period | Monthly |
| PPO No Deductible | Full-time Employee | \$124.00 | \$62.000 | \$617.00 | \$308.500 | \$741.00 |
| | Employee & Spouse | \$466.00 | \$233.000 | \$975.00 | \$487.500 | \$1,441.00 |
| | Employee & Child(ren) | \$434.00 | \$217.000 | \$796.00 | \$398.000 | \$1,230.00 |
| | Employee & Family | \$767.00 | \$383.500 | \$1,094.00 | \$547.000 | \$1,861.00 |
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| PPO Low Deductible | Full-time Employee | \$61.00 | \$30.500 | \$617.00 | \$308.500 | \$678.00 |
| | Employee & Spouse | \$360.00 | \$180.000 | \$954.00 | \$477.000 | \$1,314.00 |
| | Employee & Child(ren) | \$352.00 | \$176.000 | \$771.00 | \$385.500 | \$1,123.00 |
| | Employee & Family | \$626.00 | \$313.000 | \$1,070.00 | \$535.000 | \$1,696.00 |
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| PPO High Deductible | Full-time Employee | \$35.00 | \$17.500 | \$547.00 | \$273.500 | \$582.00 |
| | Employee & Spouse | \$169.00 | \$84.500 | \$954.00 | \$477.000 | \$1,123.00 |
| | Employee & Child(ren) | \$190.00 | \$95.000 | \$771.00 | \$385.500 | \$961.00 |
| | Employee & Family | \$378.00 | \$189.000 | \$1,070.00 | \$535.000 | \$1,448.00 |
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| Assurant Dental HMO | Full-time Employee | \$4.38 | \$2.19 | \$8.50 | \$4.25 | \$12.88 |
| | Employee & Spouse | \$6.58 | \$3.29 | \$15.36 | \$7.68 | \$21.94 |
| | Employee & Child(ren) | \$8.68 | \$4.34 | \$20.28 | \$10.14 | \$28.96 |
| | Employee & Family | \$11.10 | \$5.55 | \$25.90 | \$12.95 | \$37.00 |
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| Delta Dental PPO | Full-time Employee | \$7.90 | \$3.95 | \$18.10 | \$9.05 | \$26.00 |
| | Employee & Spouse | \$15.90 | \$7.95 | \$33.10 | \$16.55 | \$49.00 |
| | Employee & Child(ren) | \$19.70 | \$9.85 | \$40.30 | \$20.15 | \$60.00 |
| | Employee & Family | \$27.20 | \$13.60 | \$55.80 | \$27.90 | \$83.00 |
| | | | | | | |
| Vision Service Plan | | | | | | |
| | Full-time Employee | \$4.56 | \$2.28 | \$0.00 | \$0.00 | \$4.57 |
| | Employee & Spouse | \$8.54 | \$4.27 | \$0.00 | \$0.00 | \$8.55 |
| | Employee & Child(ren) | \$9.10 | \$4.55 | \$0.00 | \$0.00 | \$9.11 |
| | Employee & Family | \$14.18 | \$7.09 | \$0.00 | \$0.00 | \$14.19 |
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| UHC Health Care Flexible Spending | Employee Minimum | \$120 annually ÷ 24 pay periods = \$5 per pay period | | | | |
| | Employee Maximum | \$3,600 annually ÷ 24 pay periods = \$150 per pay period | | | | |
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| UHC Dependent Care Flexible Spending Account | Employee Minimum | \$120 annually ÷ 24 pay periods = \$5 per pay period | | | | |
| | Employee Maximum | \$4,999.92 annually ÷ 24 pay periods = \$208.33 per pay period | | | | |
| | If Married & Filing Jointly: \$2,499.84 annually÷24 pay periods=\$104.16 per pay period | | | | | |
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| UHC Employee Assistance Plan (EAP) | Employee + Family | \$1.1 per Employee per Month for participants in medical plan | | | | |
| | 100% City-paid | \$2.16 per Employee per Month for employees who Opt Out of medical plan | | | | |
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| UNUM Employee Only Basic Life and Basic AD&D: | Employee Only | \$50,000 policy | 100% City-paid | | \$.063/\$1,000: .000063X50000=3.15 mo./2=1.575/pp | |
| | Employee Only | \$50,000 policy | 100% City-paid | | \$.025/\$1000: .000025X50000=1.25 mo./2=.625/pp | |
| UNUM Employee Voluntary Life | Minimum Coverage | \$10,000 | Based on EMPLOYEE'S age-refer to table in Guide. | | | |
| | Maximum Coverage | \$200,000 | Evidence of Insurability form may be required. | | | |
| UNUM Spouse Optional Life | Minimum Coverage | \$10,000 | Based on EMPLOYEE'S age-refer to table in Guide. | | | |
| | Maximum Coverage | \$250,000 | Evidence of Insurability form may be required. | | | |
| | | | Not to exceed Employee Basic+Optional combined. | | | |
| UNUM Child(ren) Optional Life | Minimum Coverage | \$5,000 | \$2.10 monthly ÷ 2 pay periods monthly = \$1.05 per pay period | | | |
| | Maximum Coverage | \$10,000 | \$4.20 monthly ÷ 2 pay periods monthly = \$2.10 per pay period | | | |
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| UNUM Employee Only Voluntary Short-term Disability (STD) | \$0.29 per \$10 of elected weekly benefit | | 100% Employee-paid | | | |
| Employee Long-term Disability (LTD) | 0.15% of covered payroll | | 100% City-paid | | | |